PATENT AP

CATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/532378

| l | | OLAIMS | 49 LIFFD | - PART | 1 | | | | | | | |
|--------------------------|--|---|--------------------------------|--|------------------|---------------------------------------|----------|--------------------|------------------------|------------|-------------------------|------------------------|
| _ | | | (Colum | nn 1) | (Column 2) | | | SMALL ENTITY TYPE | | OF | OTHER THAN SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | | | | <u> </u> | | | RATE | FEE | 7 | RATE | |
| BASIC FEE | | | SMALL ENT | T. = \$ 150 | LAR | GE ENT. = \$ 300 | | BASIC FEE | | | BASIC FEE | FEE |
| EXAMINATION FEE | | | Satisfies PCT / (4) = \$ 50 | Article 33(1)- 0 / \$ 100 | Allo | other situations = \$ 100 / \$ 200 | | EXAM. FEE | | - " | | 300 |
| SEARCH FEE | | | ALL other co | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | other situations = \$ 250 / \$ 500 | | SEARCH FEE | | 1 | EXAM. FEE | 200 |
| FEE FOR EXTRA SPEC. PGS. | | | | minus 100 = | | /50= | | X \$ 125 = | ļ | - | SEARCH FEE | 1400 |
| TOTAL CHARGEABLE CLAIMS | | | 32 minus 20 = | | • | /2 | | | | 4 | X \$ 250 = | ļ |
| INDEPENDENT CLAIMS | | | 100 | 2 minus 3 = | | - / - | | X \$ 25 = | | OR | X \$ 50 = | 600 |
| MUI | TIPLE DEPEN | IDENT CLAIM PR | 1 | 1 | | | - | X \$ 100 = | | OR | X \$ 200 = | |
| * If | the difference | e in column 1 is | less than zero | enter "O | in ask a | | L | + \$ 180 = | | OR | + \$ 360 = | |
| | | | 200 | o, enter o | HI C | Jumn 2 | | TOTAL | L | OR | TOTAL | /500 |
| | CLAIMS AS AMENDED - PART (Column 1) (Column | | | | n 2) ST | (Column 3) | F | SMALL E | | OR | OTHER SMALL | |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIOU PAID F | USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | <u> </u> | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | ENDENT C | LAIM | | Ī | + \$ 180 = | · | OR | + \$ 360 = | |
| | | | | | | | ī | OTAL ADDIT. FEE | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Columi | n 21 | (Column 2) | | _ | | • | FCE | <u> </u> |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | ST ER ISLY | (Column 3) PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| | Total | • | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | FEE |
| | Independent | * | Minus | *** | | = | 1 | X \$ 100 = | | O R | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | \vdash | + \$ 180 = | | OR | + \$ 360 = | - |
| | | | | | | | Ĺ | OTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.